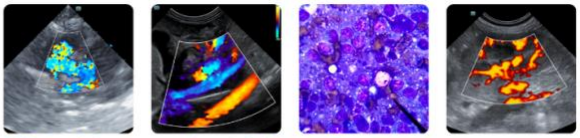


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Oliver Barnes

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

108 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr Hunt

INVOICE

35976

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Hx of chronic otitis externa recently treated with Surolan for Pseudomonas infection. Hx of atopy, treated with Zenrelia. Recent history of stranguria and hematuria. UA showed marked hematuria, pyuria, and mixed rods/cocci bacteria. Treating empirically for UTI with NSAIDs and antibiotics Brief bladder ultrasound showed marked thickened bladder wall and areas of abnormal bladder thickening, concern for marked cystitis vs TCC.

Current Medications: Carprofen , Zenrelia, Amoxi/Clav

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** appeared structurally normal. No evidence of thickening. The bladder was at moderate repletion. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 7.0 cm each.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.27 cm x 0.7 cm at the cranial pole and 0.8 cm at the caudal pole. The right adrenal gland measured 3.1 cm x 1.34 cm at the cranial pole and 0.63 cm at the caudal pole.

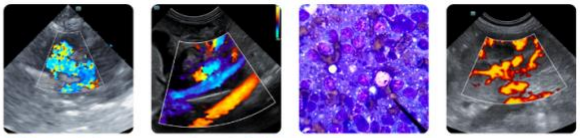
Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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The **stomach** revealed progressively shadowing luminal material, consistent with foreign matter or retention of ingesta, depending on when the patient ate prior to the sonogram. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Luminal gastric material- potential foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was not NPO at the time of the sonogram, then 24-hour NPO and recheck sonogram is indicated. If the material is persistently present, then gastrotomy or endoscopy would be indicated.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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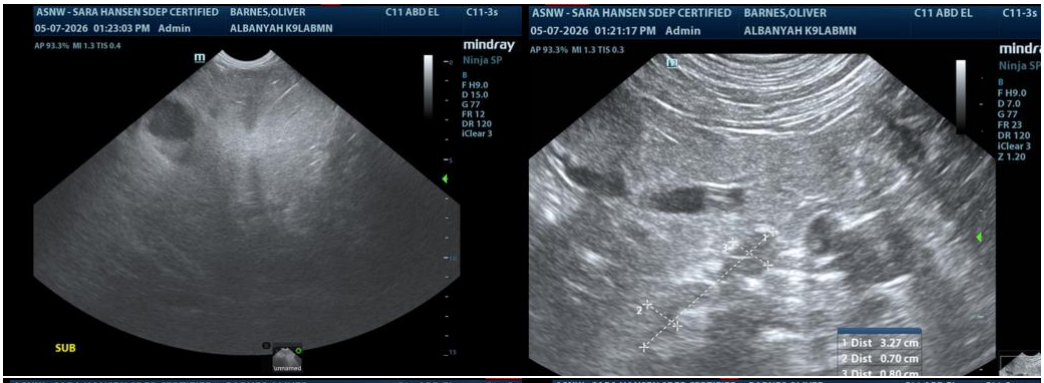

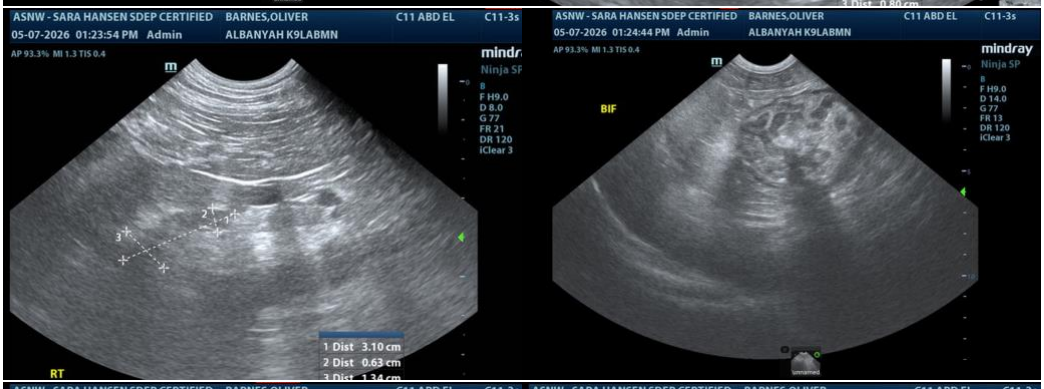

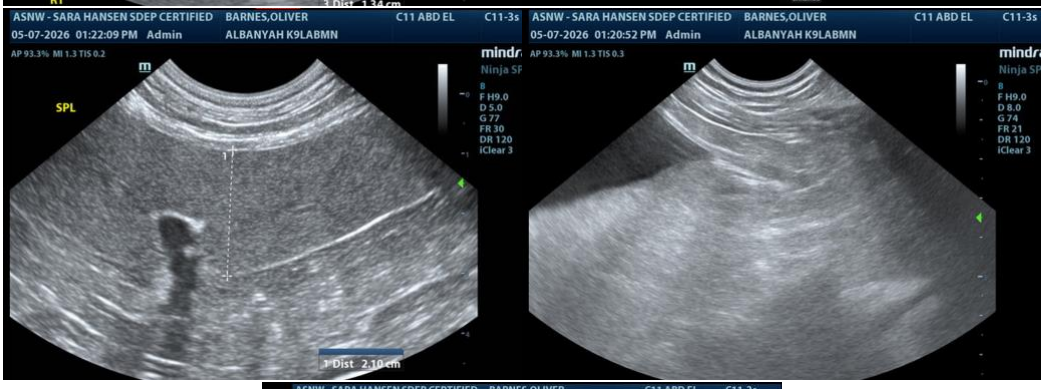

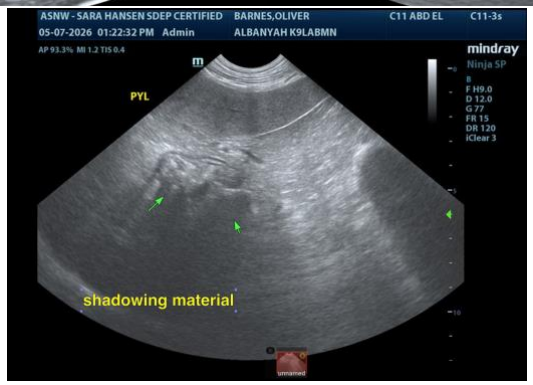

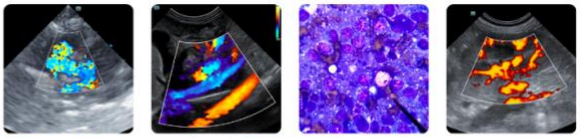

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com